

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Name: _____

Email Address : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): () _____ - _____ (work): () _____ - _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

Signed: _____

Date: _____

Please print this form and return completed to my District Office at:

Congressman Spencer Bachus
1900 International Park Dr., Suite 107
Birmingham AL 35243

Or fax to (205) 969-3958